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DECLARATION Supplemental Sheet

THAT BAR

For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name M. Albert Capote

Name of Legal Representative: A petition has been filed for this non-signing legal representative					
Given Name (first and middle (if any))		Family Name or Sumame			
Janet Sue		fox			
Legal Representative's Signature	~		Date 9/18/08		
Residence: City Carls bad State		CA C	untry USA Citizenship USA		USA
Mailing Address 4362 Pt. Reyes Court					
Mailing Address					
city Carlsbad		State CA	zip 92010	Country	USA
Name of Additional Legal Representative, if any:					
Given Name (first and middle (if any))		Family Name or Surname			
Legal Representative's Signature	Date				
Residence: City Sta		te	Country Citizer		Citizenship
Mailing Address					
Mailing Address					
City	Sta	te	Zip Country		
Name of Additional Legal Representative, if any:					
Given Name (first and middle (if any))	Family Name or Sumame				
Legal Representative's Signature	Date				
Residence: City State		e Country		Citizenship	
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